



Michigan Department of Environmental Quality
Resource Management Division

**INDUSTRIAL STORM WATER
TRAINING AND EXAM REGISTRATION FORM**

AGENCY/COMPANY NAME			
AGENCY/COMPANY CONTACT <i>(If sending more than one individual, please identify one person we can contact if questions arise.)</i>			
TELEPHONE NO. () - Ext		E-MAIL ADDRESS:	
MAILING ADDRESS		CITY	STATE ZIP

Name (Please Print)	Industrial Storm Water Exam \$30.00	
	Date	Location

Number of individuals registering for the Industrial Storm Water Exam: _____ x \$30.00 = _____ Total fee enclosed: \$ _____
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PLEASE MAKE CHECKS PAYABLE TO: STATE OF MICHIGAN

RETURN PAYMENT AND REGISTRATION FORM TO:

Department of Environmental Quality
Cashier's Office – RMD-IWWF
PO Box 30657
Lansing, MI 48909-8157

NOTE: For processing purposes registration form and fee must be received **15 business days** prior to the class or exam.